

2021 Updated Joint Commission Standards

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Spare Circuit Breakers

Spare circuit breakers should never be in the “on” position. Effective January 1, 2021, if a surveyor sees a circuit breaker labeled as a spare on the circuit breaker legend or panel schedule but it is in the “on” position, the organization will receive a requirement for improvement (RFI). This finding would be scored under Joint Commission Environment of Care (EC) Standard EC.02.05.01 (managing utility system risks), Element of Performance (EP) 9: “The [organization] labels utility system controls to facilitate partial or complete emergency shutdowns.”



Elevator Wraps

In recent years, The Joint Commission has noticed that an increasing number of health care facilities cover their elevator doors with vinyl wraps. These elevator wraps are typically used to convey marketing messages, to reinforce an organization's brand, or to cover up blemishes on older elevator doors. The problem is that elevator doors are fire rated, and a vinyl wrap can compromise the integrity of the door.

Effective January 1, 2021, if an organization cannot prove that an elevator wrap meets a UL 10B or UL 10C rating, Joint Commission surveyors will issue a requirement for improvement (RFI) under LS.02.01.10, EP 12: "Doors requiring a fire rating of $\frac{3}{4}$ of an hour or longer are free of coverings, decorations, or other objects applied to the door face, with the exception of informational signs, which are applied with adhesive only. (For full text, refer to NFPA 80-2010: 4.1.4)" This enforcement follows a year of education on the issue.



Fire Drill Matrix

The Fire Drill Matrix has been revised. Organizations will be expected to use the new version by the second quarter of 2021. The previous version of the matrix will be acceptable throughout the first quarter, when The Joint Commission will be educating customers.

The revised Fire Drill Matrix includes the additional information that annual fire drills are required for operating rooms (ORs) and hyperbaric oxygen chamber areas, per the National Fire Protection Association (NFPA) *Health Care Facilities Code* (NFPA 99-2012).



COMPLETED FIRE DRILL MATRIX

Hospital Name: _____

Score at EC.02.03.03 EP3

Quarterly Hospital Fire Drills (NFPA 101-2012 18/19 19.7.1)														
Day = M, Tu, W, Th, F, Sa, Su Time: 24 hour formatted			Q1			Q2			Q3			Q4		
			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1st Shift	Normal	Location/Building	fir/Main											
		Day												
		Date												
	ILSM	Location/Building												
		Day												
		Date												
2nd Shift	Normal	Location/Building												
		Day												
		Date												
	ILSM	Location/Building												
		Day												
		Date												
3rd Shift	Normal	Location/Building												
		Day												
		Date												
	ILSM	Location/Building												
		Day												
		Date												
Required Annual Fire Drills (NFPA 99-2012 15.13.3.10.3 & 14.3.1.4.5 - if applicable)														
Location:	Previous	Current	Location:	Previous	Current									
OR			Hyperbaric											
Day			Day											
Date			Date											
Time			Time											
Quarterly Ambulatory Fire Drills														
1st Shift	Location/Building		Q1	Q2	Q3	Q4	Location/Building		Q1	Q2	Q3	Q4		
	Day						Day							
	Date						Date							
	Time						Time							
Annual Business Occupancy Fire Drills (2 Years of drills)														
	Previous	Current		Previous	Current		Previous	Current		Previous	Current		Previous	Current
Building	Medical	Office Building	Building			Building			Building			Building		
Day			Day			Day			Day			Day		
Date			Date			Date			Date			Date		
Time			Time			Time			Time			Time		

Definitions of Shifts: Provide timeframes for shift hours below (e.g. 1st shift: 0700-1600, 2nd shift: 1600-2400, 3rd shift: 2400-0700)



Spare Sprinkler Heads

Effective January 1, 2021, The Joint Commission has revised Life Safety (LS) Standard LS.02.01.35, Element of Performance (EP) 7, for hospitals, critical access hospitals, and behavioral health care and human services facilities that are health care occupancies. (This change will eventually apply to all health care occupancies.)

LS.02.01.35

The [organization] provides and maintains systems for extinguishing fires.

EP 7

At least six spare sprinkler heads of each type and temperature rating installed in the facility are readily available, with the associated wrench or tool to replace the sprinkler head. The spare sprinkler heads and wrench or tool are stored in a cabinet location that does not exceed 100°F. *(For full text, refer to NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 25-2011: 5.4.1.4; 5.4.1.6; NFPA 13-2010: 6.2.9; 6.2.9.1; 6.2.9.3; 6.2.9.6)*



Business Occupancy Requirements to Debut in “Life Safety” Chapter

Effective July 1, 2021, The Joint Commission is adding new business occupancy standards to the “Life Safety” chapter for hospitals, critical access hospitals, and behavioral health care and human services organizations. (Business occupancy standards for ambulatory care organizations and office-based surgery practices are under discussion at this time.) These standards will have an “05” numerical prefix, while the standards for health care occupancies use an “02” prefix and those for ambulatory health care occupancies have an “03” prefix. In the “Life Safety” chapter, standards with the “01” numerical prefix apply to all occupancies.



Human Services Facilities to See Revised EC and LS Requirements

On July 1, 2021, several changes will go into effect in the "Environment of Care" and "Life Safety" chapters of the *Comprehensive Accreditation Manual for Behavioral Health Care and Human Services (CAMBHC)* and its E-dition® counterpart.

These changes better align The Joint Commission's Life Safety (LS) and Environment of Care (EC) standards for the behavioral health care and human services (BHC) program with National Fire Protection Association (NFPA) requirements

for residential board and care occupancies, per the 2012 edition of the *Life Safety Code*®* (NFPA 101-2012). The revisions also clarify The Joint Commission's fire drill requirements for accredited BHC organizations.

BHC facilities are considered residential board and care occupancies if they provide sleeping arrangements to four or more individuals who are not related to the building's owner or operator and they do not lock doors to prevent the individuals served from leaving the building on their own.



Emergency Management Standard for Home Health And Hospice Organizations Revised

Effective July 1, 2021, The Joint Commission will make changes to Emergency Management (EM) Standard EM.03.01.03 for home health and hospice organizations.

EM.03.01.03

The organization evaluates the effectiveness of its Emergency Operations Plan.

~~EP-1~~

~~The organization activates its Emergency Operations Plan once a year at each site included in the plan, either in response to an actual emergency or as a planned exercise.~~

~~**Note:** Planned exercises should focus on the organization's response to an emergency~~

~~that is likely to affect continuation of care, treatment, or services. Exercises do not need to be conducted in each community served by the organization but should be based on a regional or county response strategy where applicable. Exercises that involve substitutes for patients (such as pillows, bundles, mannequins, or live volunteers) are acceptable~~



Emergency Management Standard for Home Health And Hospice Organizations Revised

EP 20

~~For home health agencies and hospices providing care in the patient's home that elect to use The Joint Commission deemed status option:~~ The organization conducts an exercise to test the emergency plan at least annually. The organization is required to conduct either one community-based, full-scale exercise if available or a facility-based, functional exercise every other year. In the opposite year, the organization's annual exercise includes, but is not limited to, one of the following:

- A second full-scale, community-based exercise
- A second facility-based, functional exercise
- Mock disaster drill
- Tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.



Thank You

